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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Travelers Casualty and Surety Company of America
<b>TOI/Sub-TOI:</b>	17.0 Other Liability-Occ/Claims Made/17.0019 Professional Errors & Omissions Liability		
<b>Product Name:</b>	1st Choice Professional Liability Form Filing 2016-10-0038		
<b>Project Name/Number:</b>	1st Choice Professional Liability Form Filing 2016-10-0038/2016-10-0038		

## Filing at a Glance

Company:	Travelers Casualty and Surety Company of America
Product Name:	1st Choice Professional Liability Form Filing 2016-10-0038
State:	District of Columbia
TOI:	17.0 Other Liability-Occ/Claims Made
Sub-TOI:	17.0019 Professional Errors & Omissions Liability
Filing Type:	Form
Date Submitted:	11/08/2016
SERFF Tr Num:	TRVE-130775905
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	2016-10-0038
Effective Date	03/01/2017
Requested (New):	
Effective Date	03/01/2017
Requested (Renewal):	
Author(s):	Socorro Armstrong, Theresa Lavenburg, Timothy Bengston, Sandy J Olson, Linda Sperry, Stacy Mandelker, Julie Stuart
Reviewer(s):	Angela King (primary)
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

**State:** District of Columbia **Filing Company:** Travelers Casualty and Surety Company of America  
**TOI/Sub-TOI:** 17.0 Other Liability-Occ/Claims Made/17.0019 Professional Errors & Omissions Liability  
**Product Name:** 1st Choice Professional Liability Form Filing 2016-10-0038  
**Project Name/Number:** 1st Choice Professional Liability Form Filing 2016-10-0038/2016-10-0038

## General Information

Project Name: 1st Choice Professional Liability Form Filing 2016-10-0038 Status of Filing in Domicile:  
Project Number: 2016-10-0038 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 11/10/2016  
State Status Changed: Deemer Date:  
Created By: Linda Sperry Submitted By: Linda Sperry  
Corresponding Filing Tracking Number:

Filing Description:  
2016-10-0038  
1st Choice+ Professional Liability  
Form Filing

Travelers Casualty and Surety Company of America, 3548-31194, 06-0907370

In compliance with the insurance laws and regulations of your jurisdiction, we respectfully submit this enhancement filing for your review. The endorsement included with this submission was created for use with the 1st Choice+ Professional Liability Coverage programs that were initially approved by your department under our company tracking number 2008-04-0014, and SERFF tracking number TRVE-125672214.

This filing consists of the Option to Request a Named Individual ERP Endorsement PTC-2035 Rev. 01-17 which replaces the PTC-2035 Ed. 11-08 version. This enhanced endorsement provides death/disability and retiree tail option as an additional benefit.

The rating is already contemplated in our filed and approved rate plan.

The following are enclosed to facilitate your review;

- Final copy of the endorsement,
- Redline/Marked copy of the endorsement, and
- Any applicable state filing forms and fees.

Please feel free to contact me if you have any questions or need any additional information.

Thank you for your consideration of this filing submission.

## Company and Contact

### Filing Contact Information

Linda Sperry, Regulatory Analyst LSperry1@travelers.com  
One Tower Square 860-277-7096 [Phone]  
S202B  
Hartford, CT 06183

**State:** District of Columbia **Filing Company:** Travelers Casualty and Surety Company of America  
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**Filing Company Information**

Travelers Casualty and Surety  
Company of America  
One Tower Square  
2S2B  
Hartford, CT 06183  
(860) 277-0179 ext. [Phone]

CoCode: 31194  
Group Code: 3548  
Group Name:  
FEIN Number: 06-0907370

State of Domicile: Connecticut  
Company Type:  
State ID Number:

**Filing Fees**

Fee Required? No  
Retaliatory? No  
Fee Explanation:

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Travelers Casualty and Surety Company of America
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## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		OPTION TO REQUEST A NAMED INDIVIDUAL EXTENDED REPORTING PERIOD ENDORSEMENT	PTC-2035 Rev. 01-17		END	Replaced	Previous Filing Number:	TRVE-125672214		PTC-2035-0117.pdf
							Replaced Form Number:	PTC-2035 Ed. 11-08		

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

## OPTION TO REQUEST A NAMED INDIVIDUAL EXTENDED REPORTING PERIOD ENDORSEMENT

This endorsement changes the following:

<Name of insuring agreement or coverage part that is changed>

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It is agreed that:

The following is added to section VI. CONDITIONS:

### OPTION TO REQUEST A NAMED INDIVIDUAL EXTENDED REPORTING PERIOD ENDORSEMENT

1. If during the **Policy Period** any **Insured Person**:
  - a. becomes disabled and permanently ceases performance of **Professional Services**;
  - b. retires and permanently ceases performance of **Professional Services**; or
  - c. dies,

such **Insured Person** or the **Named Insured**, or the Insured Person's executor or estate may request a Named Individual Extended Reporting Period Endorsement that will apply to such **Insured Person**.

Coverage under the Named Individual Extended Reporting Period Endorsement will end if such **Insured Person** resumes performing **Professional Services**, recovers from their permanent disability, or the executor or administrator is discharged after their death.
2. Any request for such endorsement must:
  - a. be made in writing to the Company during the same **Policy Period** or **Policy Year** that the **Insured Person** became disabled, retired, or died, or within 60 days of the ending date of such **Policy Period** or **Policy Year**; and
  - b. include evidence of such disability, retirement, or death.
3. The Named Individual Extended Reporting Period Endorsement will not apply to:
  - a. **Claims** made while this policy is in force, any successive renewal of this policy is in force, or any extended reporting period that applies to this policy or any renewal of this policy is in force; or
  - b. **Claims** if any other insurance applies to the **Claim**.
4. The limits of liability applicable to any **Claim** covered under such endorsement will be shared by all **Insured Persons** who qualify for such an endorsement in a **Policy Year** and will not exceed the Professional Services and Network and Information Security Offenses Coverage Limits listed on the declarations or \$1,000,000 for all **Claims**, whichever is lower.

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Issuing Company:

Policy Number:

5. There is no charge for the Named Individual Extended Reporting Period Endorsement for eligible **Insured Persons** who become disabled during the **Policy Period** and who permanently cease performance of **Professional Services**, or die.

The charge for the Named Individual Extended Reporting Period Endorsement for eligible **Insured Persons** who retire during the **Policy Period** is \$1,500 per **Insured Person** named in the endorsement. However, if the **Named Insured** has been continuously insured by the Company, or any of its affiliated insurance companies, for at least three years, no charge will be made for the endorsement.

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Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

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Issuing Company:

Policy Number:

PTC-2035 Rev. 01-17

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## Supporting Document Schedules

<b>Bypassed - Item:</b>	Readability Certificate
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consulting Authorization
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Expedited SERFF Filing Transmittal Form
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Redline/Marked copy
<b>Comments:</b>	
<b>Attachment(s):</b>	PTC-2035RL.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

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Issuing Company:

Policy Number:

PTC-2035 ~~RevEd. 01-17~~ ~~44-08~~ ~~Printed in U.S.A.~~

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